DESI AVGIIGDIE CODY

								•	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								10 1000000					
										<u> </u>	4/	2	
		CLAIMS AS	Column	4.4	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			53					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			53 minus 20=		* 33			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		2			X42=		OR	X84=	` .	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II										3	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 53	Minus	** 6	3	. —		X\$ 9=		OR	X\$18=		
	Independent	• 5	Minus	***	5	=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+140=			+280=		
							ı	TOTA	E	OR	TOTAL		
		(0.1				10.1		ADDIT. FE	Ē	OR	ADDIT. FEE		
		(Column 1) CLAIMS	700	(Colur	IEST	(Column 3)	- F	. .	I A'DDI	l1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 53	Minus	<u>به</u> رو	<u> 3</u>	=	-	X\$ 9=		OR	X\$18=		
	Independent	* 5 NTATION OF MU	Minus	###	5		H	X42=	·	OR	X84=		
-	T WIST THESE	WATER OF ME		LITOLITI	ODAIM		' [+140=		OR	+280=		
						•	4	TOTA		OR	TOTAL ADDIT, FEE		
					- ·								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** (53	=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	5	2		X42=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• 1	f the entry in solve		+140=		OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													
		mber Previously Pa ber Previously Pai											

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